

Teaching While Admitting a New Patient

Teaching Your Student While Admitting a New Patient: *Practical Tips*

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Objectives

- Describe 3 strategies that can be used to teach while working up a new patient
- Describe the microskills process of teaching
- Apply the 5 microskills of teaching to the work up of a new patient with a student

Teaching Under Time Constraints

*How can you teach when you don't
have much time...
while trying to get your patient
care activities done?*

Case Presentation

As the senior resident, you are going to see a new admission and take the student with you. The patient is a 62 yr old woman with liver disease brought by her husband for altered mental status and increasing abdominal girth.

Exam findings: pt is confused, has shallow breath sounds and distended abdomen.

Labs: WBC 11.4, Hct 27%, Plts 58K, INR 1.5; Creat 1.9/ BUN 46. T. Bili 6.0, ALT 68/AST 92.

Applying Your Knowledge to Teaching

What can you teach the student about this new admission at the bedside?

Tips for Teaching- First Step:

“Prime” the Student

- What does this mean?
- Before entering the room, give the student a bit of information about the patient and the expected tasks during the encounter to help him/her focus and be more organized

Tips for Teaching Students:

History

- Have the student assess the patient on his/her own or alternatively, observe the student's H&P filling in the "holes" in the evaluation as necessary
 - The student should **not** review the emergency room notes or old medical records
 - In this way, he/she can practice learning how to take a careful history from the patient and come up with his/her own ideas rather than regurgitate other physician's thoughts
 - Save your questions for the end
 - Try to evaluate the student's history-taking skills without interruptions that may make him/her nervous or deferential to you

Tips for Teaching Students: *Physical exam*

- Review physical exam findings to insure the student “observed” what you found
 - If the student lacks proficiency in a part of the exam, role model that portion and then have him/her re-perform the exam in front of you
 - Note: Always explain to the patient that you are teaching the student to be a better doctor
 - If the student misses a finding despite using the correct technique, try to give him/her a tip on how to observe the finding
 - E.G. student did not hear a split S2: *“Listen carefully to the split in expiration”*

Tips for Teaching Students: *Assessment and Plan*

- The assessment and plan is the most critical part of teaching about a new admission because it helps the student to learn how to reason clinically
 - Student should:
 - summarize the patient's presentation and findings in one or two sentences
 - discuss his/her differential diagnosis and plan for the chief complaint
 - Prioritize the problem list and present a plan for the remainder of the patient's issues

Assessment and Plan:

Ask Questions

Do you like it when your clinical teachers ask you questions?

- *“What do you like about being questioned?”*
- *“What don’t you like about it?”*

Ask Questions

- Question students in a supportive, non- threatening way
- Minimize questions on facts with a single right answer (“guess what I’m thinking”) and aim for higher order questions that show problem-solving skills
- Examples of “higher order” questions:
 - *“What do you think is going on?”*
 - *“What do you want to do next for this patient?”*

An Approach to Asking Questions: *One-Minute Preceptor*

Neher J, Gordon K, Meyer B, Stevens N. A five-step "Microskills" model of clinical teaching. *J Am Board Fam Pract* 1992; 5:419-424.

Process of Microskills:

- Diagnose the patient **then**
- Diagnose the learner (get a commitment, proof for evidence) **then**
- Teach (teach general rules, provide feedback and correct mistakes).

One-Minute Preceptor: *Five Microskills of Teaching*

1. Learner commitment

- *“What do you think is going on?”*

2. Clarify reasoning

- *“What supports your diagnosis of endocarditis?”*
- *“Could it be anything else?”* (assess ability to create and provide supporting or refuting evidence for a differential diagnosis)

3. Teach general rules

- Make 1-2 key points
- Don't try to accomplish too much in a single teaching encounter

4. Specific positive feedback

- *“You were able to narrow the broad differential of fever and prioritize your top diagnoses based on your work-up.”*

5. Correct mistakes

Clarify Reasoning:

Ask for Supporting Evidence

- After the student gives an assessment, ask:
“Why do you think this pain is angina?”
“What supports your diagnosis of pancreatitis?”
- Wait for an answer – give the student at least 5-10 seconds to think and respond

Teach General Rules

- **Share with the student a single “pearl” or one point you find important about a case**
 - *“Which patients with altered mental status should get a lumbar puncture? Head CT?”*

Tips for teaching students:

Give the student a chance to try

- Do/ teach procedures
 - E.G. If the patient needs a non-urgent ABG, let the student obtain it
- Let the student write the admit orders
 - This is one of the best ways for them to learn what it means to be a real physician
 - Review the orders carefully and make sure that the student understands the purpose behind them
- Let the student help with whatever you are doing

Case Presentation Two

You are admitting a 56 year-old male with pancreatic cancer who presents with dyspnea. Since report, his status has deteriorated. Now, RR 26, BP 100/60, HR 112, O2 sat 91%

- *What can you teach the student in this case?*
- *How do you teach while evaluating and managing the acutely-ill patient?*

Teaching with Acute Patients

- Techniques

- Role-modeling (includes professionalism)
- Think aloud
- Teach during downtime (e.g. between SL NTG)
 - Focus on practical clinical skills
 - Reading ECG and x-rays
 - Interpreting ABG
- Teach the student as you educate the patient
- Reflection/ Question & Answer session after episode

Role-Modeling

- To student: *“This patient is sicker than I thought. I want you to observe how I handle this situation. Note any questions you might have and I’ll answer them once we stabilize the patient.”*
 - Your actions will teach the student more than your words.

Think Aloud

- *“Given this patient’s rapid deterioration in the setting of adenocarcinoma which can cause hypercoaguability, pulmonary embolism has to be at the top of our differential. We need to evaluate him quickly and make a decision about whether to anticoagulate or not.”*
 - By thinking aloud, you provide the student with an understanding of how you are making decisions.
 - Caveat: At the patient’s bedside, you have to be careful about what you say when “thinking aloud”.
 - E.G. *“This patient is critically ill. It doesn’t look good.”*

Teach During Downtime

- ECG completed, IVF started, respiratory in the room obtaining ABG.
 - *“Let’s look at this ECG together. No matter what the situation, it’s important to have a methodical approach, albeit rapid, to ECG reading. I start with the rhythm . . .*

Teach the Patient, Teach the Student

- To patient: *“Our initial evaluation did not show any cause for your shortness of breath. We are worried that you might have a clot in your lungs, since basic tests are usually normal in this disease.*

Because of this, we want to start you on a blood thinner to prevent the clot from increasing in size, until we can get the appropriate tests done.”

Teach the Patient, Teach the Student

- “. . . basic tests are usually normal in this disease”
 - Teaching point to student = *basic labs, chest x-ray, and ECG have low sensitivity in the diagnosis of PE*
- “. . . a blood thinner to prevent the clot from increasing in size”
 - Teaching point = *anticoagulation does not dissolve clot, only prevents propagation*

Teaching with an Acute Patient

- Key Principles
 - Teach by example
 - Think aloud
 - This is not the time for lengthy didactics
 - Focus on practical teaching
 - Reading chest x-ray, ECG with urgency
 - This teaches the students the importance of having these skills finely honed
 - Reflection = most critical element
 - Without this, the student is unlikely to learn

Summary

- Residents are important teachers for students
- Teaching with a new patient admission:
 - Model behavior, thought processes and patient interactions
 - Teach during brief downtime moments
 - Focus on practical clinical skills
 - Reflection afterward
- Actively involve the students: let them try

Summary

- Ask questions – aim for higher order questions
- Microskills of Teaching: useful framework to assess student's reasoning
- “Prime the Student”

Enjoy your role as a teacher during residency!

- Evidence shows that Resident-as-Teacher curricula are associated with:
 - Improved self-reported teaching skills
 - Improvement in learner evaluations of residents

You can teach even when you don't have much time and it is so important to students